

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

92 JUL 31 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County St. Charles
Township St. Charles
City St. Peters, Mo. (No.)

Registration District No. 757
Primary Registration District No. 5998

File No. 24734
Registered No. 100
St. 2 Ward

2. FULL NAME Mary Kimmel

(a) Residence, No. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Dave Kimmel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 2, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 5 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

HOUSE WIFE

10. Date deceased last worked at this occupation (month and year) 2 1/2 YEARS

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cobden, Ill

13. NAME AUGUST KOHLER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT Dave Kimmel St. Peters Mo.
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cobden Ill. DATE June 7, 37

19. UNDERTAKER Blake Broadway
(ADDRESS) Cobden, Ill.

20. FILED 47 1937 Clarence B. Resler
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 37

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1936 to June 4, 1937

I last saw h. or alive on June 3, 1937. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Dilatation

Date of onset

Other contributory causes of importance:

Chronic myocardial degeneration

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury 1

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Verne A. Schmitter, M. D.
(Address) St. Charles, Mo.

